

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

TRANSFER REQUEST FORM

Employee Requesting Transfer _____ / _____
NAME RANK OR TITLE

Current Shift _____

Current Location _____
DETACHMENT

Requesting Transfer To:

Desired Shift _____

Desired Location _____
DETACHMENT

Reason: (optional)

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

DETACHMENT COMMANDER SIGNATURE

DATE

Chief's/Deputy Chief's Decision:

Approved _____ Denied _____

CHIEF/DEPUTY CHIEF SIGNATURE

DATE